

Annual Report

OF THE

Medical Officer of Health

TO THE

OXEHAMPTON DISTRICT COUNCIL,

ACTING AS THE

RURAL SANITARY AUTHORITY.

1913.

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To the Chairman and Councillors,
Okehampton District Council,
ACTING AS THE
Rural Sanitary Authority.

ANNUAL REPORT

OF THE

**Medical Officer of Health,
1913.**

GENTLEMEN,

I have the honour of submitting my Twenty-Fourth Annual Report as your Medical Officer of Health. The subject matter will follow much on the lines laid down in the Memorandum of the Local Government Board.

**A —Natural and Social Conditions of the
District,**

1. The Okehampton Rural District is placed near the centre of the County of Devon. The area is 114,566 acres, and the population at the census of 1911 was 13601. From these figures it will be seen that the District is thinly populated. As regards the physical characters of the area—these are most variegated. The barren and bare uplands of Dartmoor with its granite tors and boulders contrast strongly with the well-wooded valleys of the Okements, Taw, Teign and Torridge. There is some excellent land in the area, but even apart from Dartmoor there is much poor moorland. The District is well watered by the swiftly-running streams that arise on Dartmoor, and take, with the exception of the Teign, a northerly direction.

Looked at from a broad point of view the geological structure of the District is fairly simple. There is the massive granitic boss of Dartmoor, and the trough of the carboniferous (culm measures) making up the bulk of the area. From east to west a thin strip of new red sandstone passes. Such are the broad features. Minor features are the dykes of greenstone around the granite, patches of carboniferous limestone near the granite, and areas of lava in the new red sandstone.

The rainfall is high—generally about an average of 45 or 46 inches adjoining Dartmoor—on the moor itself it is higher.

2. **POPULATION.**—As mentioned above, the last census population was 13,601. For 1913 I estimate it as about the same. There has been a natural increase, but against this is the set off caused by the large number of young adults who have emigrated in the last 3 or 4 years.

OCCUPATIONS.—Agriculture is the staple industry. Quarrying in the Okehampton area affords employment for over 140 men. The only textile industry is the Woollen Factory at North Tawton, which employs about 100 hands.

During the summer months a large number of visitors reside in the area contiguous to Dartmoor, chiefly in Chagford, Throwleigh, Belstone, Okehampton and Bridestowe.

A constant stream of soldiers, both Regular and Territorials, pass through the Artillery Camp at Okehampton during the summer months.

No mining is now carried on in the District.

B.—Sanitary Circumstances of the District.

WATER SUPPLY.—In most of the villages of any size an outside water supply is taken in—the exceptions being Drewsteignton, North Lew and Exbourne—where, so far, no available outside supplies, at a reasonable cost, has been found, although the Sanitary Inspector and myself have searched.

The less populous villages are provided with wells. These generally supply good drinking water as they are kept free locally from obvious sources of pollution. Unfortunately, as we now and again experience, some change in the drainage area of the well, due to heavy rainfall, &c., will carry polluting matter from a distance. It is for this reason that one prefers an outside supply taken in where possible.

A detailed list of the villages provided with an outside supply was given in my Report for 1911.

BELSTONE.—The water supply of this village ran very low for 4 or 5 weeks during the Summer. The shortness was due, not only to the springs getting lower than usual, but to the fact that there was a very large influx of visitors. The supply is ample during normal times, with a normal number of consumers, but the village is becoming more popular as a health resort, and steps will have to be taken to augment the supply.

The same remarks apply to Chagford, but here the scarcity was not so marked, although in this village also the supply needs increasing.

NORTH TAWTON.—Since the reservoir was covered in (now some 18 months ago) there has been no vegetable growth and the supply was satisfactory.

DREWSTEIGNTON.—On the question of providing a water supply for the School at this village the County Medical Officer of Health met me there and we discussed the subject. The village is provided with several wells (private and public), but we agreed that if an outside supply could be provided it would be more satisfactory. The Sanitary Inspector and myself subsequently made an inspection of what we heard was a promising spring of water, but we found it totally insufficient for a village supply. A further search is to be made.

No case of lead poisoning has come under my notice during the year, although, formerly, cases in small numbers came to notice nearly every year. They invariably occurred from private wells, the water of which acted on the leaden pipes. Owing to the watch that has been kept, I believe most of these wells have been found out, but, doubtless, isolated cases still remain.

WATER ANALYSIS.—Fewer samples have been analysed during the year. With the increase of work that has taken place during recent years I am afraid I shall not be able to make the qualitative analyses that I have been accustomed to make. These really are beyond the duties of the Medical Officer of Health. Of course, simple qualitative examinations will be made, and in many, perhaps in the most instances, that will suffice when coupled with the local knowledge of the district. For quantitative analyses and bacteriological examinations the aid of the Analytical Chemist and Bacteriologist must be obtained.

POLLUTION OF STREAMS.—The only case of stream pollution in the District is caused by the Sewage of Bridestowe, which passes into the Lew stream. The Sanitary Inspector has received instructions from the Council to prepare a scheme dealing with the Sewerage of the village generally, as well as remedying the river pollution.

DRAINAGE AND SEWERAGE.—Most of the villages are now provided with adequate sewers and drains, the 2 exceptions being Bridestowe and South Zeal. The former, as before mentioned, is now under consideration. The village of South Zeal sadly needs a proper system. Some 4 or 5 years ago the village was supplied with an excellent water supply, a large number of the houses have been thoroughly done up and, in many instances, re-constructed, so that the place has an altered appearance. Unfortunately, mining has ceased here, so that the times are not so prosperous, but, I believe that a proper system of sewerage would attract a larger number of visitors, and so, even from the pecuniary point of view, would increase the prosperity of the place.

As mentioned in the Report of the Sanitary Inspector, improvements in the sewerage of 5 localities have been made during the year.

CLOSET ACCOMMODATION.—In the 3 larger villages (Chagford, North Tawton and Hatherleigh) water closets are generally provided—in some cases though these are hand flushed, but the proportion of the latter is not great and is gradually diminishing. In the smaller villages and isolated cottages pail closets are used. A few privies still remain, chiefly at isolated cottages, but these are fewer year by year.

As a rule the closets are kept in a clean condition—there are a few exceptions.

SCAVENGING.—In the 3 larger villages, Chagford, Hatherleigh and North Tawton, the refuse is removed by scavengers.

In the smaller villages each householder disposes of his own refuse. There are rarely any complaints.

SANITARY INSPECTION OF THE DISTRICT.—These are made by the Sanitary Inspector, and from time to time by myself. The Inspector visited over 600 premises and I inspected about 200. Defects were brought to your notice at the monthly meetings. In the Inspector's report is a list showing the main work done under this heading.

There are no offensive trades carried on in the District, nor are there any underground sleeping rooms.

SCHOOLS.—These are inspected by the Sanitary Inspector and myself. Improvements are required at North Tawton,

The Drewsteignton School has been enlarged and altered. The provision of a water supply is under consideration. At present water is fetched from the public well.

A well was sunk at Bondleigh to supply the school. Unfortunately, the water has not turned out satisfactorily.

The Schools are visited on the outbreak of any infectious disease, doubtful cases of illness in the school are examined, and where it is thought necessary absentees are looked up.

FOOD. MILK SUPPLY.—I believe the milk consumed in the District is generally wholesome. The Cowsheds and Dairies are inspected both by the Sanitary Inspector and myself. Although many of the Cowsheds cannot be looked upon as model ones, there has been good work done with them in recent years.

The sole dairy in the District that supplies milk outside our area has been inspected. It was found clean and satisfactory. The cans are scalded before the milk is put in.

I should say little or no tuberculous milk is consumed in the District. The local Veterinary Surgeon informs me that Tuberculosis is rare in cattle in the area.

The Bakehouses are generally clean. These are frequently inspected. There are no underground bakehouses.

MEAT INSPECTION.—On the frequent visits to the slaughterhouses the carcasses are inspected. No case of unsound meat was noted in the year.

The slaughterhouses received a good deal of attention 3 or 4 years back, and many were structurally altered. Failure to lime wash occasionally requires a verbal notice only.

No work has been done by the Authority under the Food and Drugs Act.

HOUSING.—Inspections under the Housing Regulations (1910) have been continued during the year. About four-fifths of

the total number have now been completed. In the Inspector's Report is a detailed statement. It will be seen that good work has been done.

During the year a Local Government Board Inspector held an enquiry at Bratton Clovelly for sanction to erect 3 cottages there. The request was granted, and as soon as the weather permits the work will, doubtless, be proceeded with.

Another enquiry by a Local Government Board Inspector was held at Chagford to sanction the compulsory purchase of land for the erection of cottages. There was a good deal of opposition on the ground that for 3 months in the year the people of Chagford were able to exercise Common Rights on the land. There was no opposition to the erection of cottages, as all were agreed that there was an urgent need for them—in fact, more than 6 will certainly be required.

The Inspector gave a patient hearing to both sides, made a detailed examination of other sites in the neighbourhood which might be available, and the matter is now under the consideration of the Board above.

The village of Sourton would be the better for 2 or 3 new cottages.

There is some overcrowding at present in the village of Drewsteignton, caused by the influx of a number of workmen who are engaged in erecting a Mansion close by. Normally the village has practically no overcrowding.

Only 3 or 4 cottages for working people have been erected during the year. The population is not materially advancing, and in the two or three places where cottages are required it is to allow us to abate overcrowding, or enable us to apply for closing orders in the case of a few cottages, already condemned, but which cannot be closed as there is no place to house the tenant.

The old pebble-paved floors, once so common, are being replaced with lime ash or cement.

Improvements in lighting and ventilation are gradually being carried out, and there has been an all round advance in the housing of the people in the District.

One case of the erection of a house in contravention of the bye-laws (lack of adequate air space) was brought before the magistrates. The summons was, however, dismissed on a technical point.

C.—Sanitary Administration of the District.

1. STAFF.—There is only one Sanitary Inspector, but he is a capable and energetic officer. Considering the enormous area he has to cover I think he is deserving of some allowance to pay for the cost of his travelling by motor bicycle.

2. We have no Isolation Hospital.

3. We have no Local Acts, and the only Adoptive Act in force in the District is a part of the P.H.A. Act of 1890.

4. Apart from the lessened amount of Water Analysis carried on during the year, no other chemical work has been done from the Public Health side. Bacteriological Examinations for Tubercle and Diphtheria have been made by myself, and a greater number by the County Council, who have arranged for the work to be done free. Owing to the number of Diphtheria cases this work was far heavier than usual.

D.—Infectious Disease.

The year was marked by a widely-scattered and prolonged outbreak of Diphtheria. Although there were more cases notified than in any previous year, the type of the disease was not very severe.

Scarlet fever also was a little more prevalent than usual.

The following is the parish list of notified Infectious Disease :—

Parish.			Diph- theria.	Scarlet Fever.	Ery- sipelas.	Enteric Fever.	Puerpl Fever.
North Tawton	..	..	6	12	1	0	0
South Tawton	..	..	0	15	0	0	0
Bondleigh	..	..	0	1	3	0	0
Belstone	..	..	1	3	0	0	0
Broadwoodkelly	..	..	1	0	0	0	0
Hatherleigh	..	..	17	0	0	0	1
Meeth	..	..	6	0	0	0	0
Jacobstowe	..	..	1	0	0	0	0
North Lew	..	..	3	5	0	2	0
Bratton Clovelly	..	..	0	0	1	0	0
Iddesleigh	..	..	3	0	0	0	0
Okehampton	..	..	2	4	0	0	0
Exbourne	..	..	1	0	0	0	0
Drewsteignton	..	..	0	2	0	0	0
Totals	..	..	41	42	5	2	1

DIPHTHERIA.—A doubtful case of this disease occurred in North Tawton in January, and one in Exbourne the same month.

In April a case was notified in Meeth, followed in two days by two other cases. The School was implicated in the spread, and was promptly closed. Six cases in all occurred in and near the village (the last one was notified on May 14th), 5 of them being School children, and 1 was an adult who nursed a sick child. One case was fatal.

The School was thoroughly disinfected before re-opening, and no subsequent cases arose here.

On May 19th a child, 2 years old, was notified in Hatherleigh. No source of infection could be traced, although the parishes of Hatherleigh and Meeth adjoin. Two days later a boy of 7 and a woman of 35 were notified in different houses in the same street, but I could trace no definite means of transmission. Their milk supplies were different, and no history of any disease in the lower animals was obtainable.

On May 28th, a lad of 11 was notified in another street; and, on the 29th, a woman of 55 in another street. This woman was the caretaker in the School, and although, so far, there was nothing to incriminate the School as a source of infection, it was more frequently visited, and absentees looked up. No evidence was, however, to be obtained.

No case was notified during June and July, but in August (when the School was closed for its usual Summer Recess) a case was notified in a child of 4 at an isolated cottage 2 miles from Hatherleigh. This child had, however, been in Hatherleigh a few days previously, but not in any known infected house. On August 23rd a child of 3 was notified in Hatherleigh Village; and, on August 29th, an adult man.

The next case was notified on September 11th, in a girl of 7, at an isolated cottage a mile from the village. For nearly a month no fresh cases came under observation, then, on Oct. 6th, 2 occurred in a house where a previous case existed on May 21st—the house, meanwhile, had been disinfected. Both were in school children. On Oct. 16th another case occurred in the town, this also was a schoolboy. On the 20th of the month a woman, aged 40, was notified in an outlying cottage in the parish; and, on the same date, a man, aged 25, in the adjoining parish of Iddesleigh. Both of these had been in Hatherleigh, but had entered no house. On Oct. 27th two brothers (schoolboys) were notified in Hatherleigh, and on Nov. 3rd an adult, aged 30, at an outlying farm.

On Nov. 27th a child, aged 1 year, was notified at an outlying cottage in Iddesleigh parish, and the next day the father of the child

was notified. On Dec. 6th, a case occurred in another schoolboy at a cottage a mile away from the town. This proved rapidly fatal from involvement of the larynx, and was the only fatal case in the Hatherleigh series.

The cases were visited as early as possible after notification, and endeavours made to trace out sources of infection. The School was visited several times, children examined and absentees looked up.

The majority of the cases were mild. In fact, some were only diagnosed on Bacteriological Examination, clinical symptoms being practically absent. Dr. Mitchell, of Hatherleigh, who treated all the cases, was most energetic, and took throat swabs from all cases of sore throat, thus leading to a diagnosis which would not have been obtained otherwise.

No case of Diphtheritic Paralysis occurred, and the glands of the neck showed little or no enlargement.

The Meeth cases were, undoubtedly, connected with the School. As regards the Hatherleigh series School influence took little, if any, part in the spread of the disease. In some of the isolated cottages not even a remote connection with Hatherleigh could be traced.

When Diphtheria is prevalent it has been often demonstrated that even healthy throats may harbour the *Bacillus* of Diphtheria, and so act as carriers of the disease. But here arises the question, "Why were there so few secondary cases in the same house?" In nearly every instance the mother who nursed the patient had to do her domestic work, and was mixed up with the other inmates of the house, and yet in the Meeth series only in one instance was there a second case in the same house, and in the Hatherleigh series only three instances.

We have very much to learn of the life history of the Diphtheria germ.

The cases at North Tawton were apparently not connected with the Hatherleigh and Meeth series, nor were the two cases in Okehampton Parish. School also could be excluded, as none of the patients attended school.

The three cases at North Lew occurred in one house. The child first attacked had attended the Beaworthy School. I visited to see if any of the other children had had sore throats, but nothing was found. No other cases occurred either in North Lew or Beaworthy, so their origin remains a mystery.

SCARLET FEVER.—The two Tawtons suffered most from this disease, which was probably an extension of the outbreak in 1912. One of the cases at North Tawton terminated fatally from kidney complications. The cases generally were very mild.

ENTERIC FEVER.—The first case of this disease at North Lew was associated with the drinking of water from a private well, which some time previously I had told the owner should not be used without boiling, as on analysis it was proved to be suspicious. A servant drank it unboiled and developed the disease. A young woman who nursed the first case contracted it from her and, unfortunately, died. There were no other cases.

The puerperal fever case at Hatherleigh was of a very mild type.

Bacteriological aids for the diagnosis of the Diphtheria cases were frequently used. In the fatal enteric fever case the widal reaction was returned as "very doubtful."

The Schools were frequently visited, children who were at all suspicious were examined and absentees looked up.

The non-Notifiable Infectious Diseases were not very prevalent—a few cases of measles and whooping Cough.

No case of Acute Poliomyelitis or Cerebro Spinal Fever was notified during the year.

E.—Prevalence of and Control over Tuberculosis.

The subject of Tuberculosis has been discussed in previous Annual Reports, and last year I gave a table showing the Parish incidence of fatal cases of the disease. In Table II. attached the number of cases of the disease notified during the year is set out.

Cases of Notified Tubercular Disease are usually visited, unless the Medical Attendant expresses a contrary wish. Each week a Copy of the Notification is sent to the County Medical Officer of Health, who forwards a copy to the Tuberculosis Officer. The latter visits the case with the Medical Attendant, and a line of treatment drawn up. Subsequent visits are paid by the Tuberculosis Officer, who reports on any sanitary alterations required. He also examines other residents in the house where necessary. One or two cases have been sent to the Sanatorium, and three or four have been supplied with shelters for home treatment.

Disinfection is carried out on the termination of the case.

F.—Investigation of other Diseases.

No special enquiry has been made during the year. No case of food poisoning has been reported.

Rickets is not very common, Acute Rheumatism decidedly rare, and Diarrhœa and Pneumonia have certainly been less the last few years.

G.—Means for Preventing Mortality in Childbirth and Infancy.

Seven Trained District Nurses are now employed in the area, and as some of them work more than one parish the greater portion of the District is satisfactorily provided for. The old-fashioned midwife is dying out.

The inspection of midwives is carried out by a Lady Inspector, under the County Council.

As I have mentioned in a previous report, that although the Infantile Mortality may vary in the various Sub-Registration Districts during a single year or two, yet when one examines a series of years there is very little difference in their rates. Parishes bordering on inclement Dartmoor have no higher rates than those in more favoured spots away from the Moor.

Improper feeding, lack of cleanliness and vitiated atmosphere undoubtedly influence Infant Mortality more than climatic conditions.

Ophthalmia Neonatorum is now notifiable, but so far I have not received a single notification. It is decidedly rare in the District.

H.—Vital Statistics of the District.

The figures in the various rates are estimated on the Population given in the Census of 1911. I do not think there has been much change on the whole, but, doubtless, certain of the parishes have gone slightly up or down.

BIRTHS.—242 births were registered in the District during the year, 129 males and 113 females. In addition 6 births (2 males and 4 females) took place in the Workhouse. As the mothers belonged to the Rural District they are transferred to us. Our nett. births, therefore, are 248 (131 males and 117 females), giving a rate per 1,000 of 18.2. This is a trifle higher than last year.

DEATHS.—192 deaths were registered in the District (94 males and 98 females). Adding to this number the deaths of inhabitants of the District who died outside, and subtracting the deaths of non-residents who died in our area, we obtain the nett

deaths, which number 204 (102 males and 102 females). The death rate estimated on this correction is 15.0 per 1,000. This is higher than the average.

INFANTILE DEATH RATE.—The nett deaths of children under 1 year of age are 25, giving a rate of 100.0 per 1,000 births.

OVER 65 YEARS OF AGE.—There were 79 deaths.

ZYMOTIC DEATH RATE.—10 deaths were due to Zymotic Disease, viz. :—Diphtheria and Croup 4, Whooping Cough 3, Enteric Fever 1, Scarlet Fever 1, Influenza 1. The Zymotic rate is 0.73 per 1,000.

PULMONARY CONSUMPTION caused 25 deaths, and other forms of Tuberculosis 9 others.

CANCER.—There were 13 deaths attributed to this disease.

CHILDBIRTH caused no deaths.

Accident caused 5 deaths and there were 2 of suicide.

Appended are the various Tables of the Local Government Board.

I must acknowledge much help throughout the year from the Clerk (Mr. Hawken), and the Sanitary Inspector (Mr. Ward).

I remain, Gentlemen,

Your obedient Servant,

EDWARD H. YOUNG, M.D., D.P.H.,
Medical Officer of Health.

OKEHAMPTON, Jan. 28th, 1914.

REPORT OF MR. HUGH J. WARD, A.I.S.E., &c.

SANITARY INSPECTOR.

Notices served	...	...	133
Nuisances abated	...	...	35
Drains tested, repaired, &c.	...	...	36
Houses repaired and limewashed	...	...	30
New closets provided	...	...	9
Premises disinfected	...	...	102
Visits to slaughterhouses	...	...	55
„ to dairies and cowsheds	...	...	24
„ to schools	...	...	28
New houses erected according to Bye Laws			8
Plans for new houses passed	...	...	15
„ „ rejected	...	...	1
Closing Orders recommended	...	...	3
New private water supplies	...	...	1

Public Work.

BRATTON CLOVELLY SEWER, &c.—A combined sewer and highway drain, which caused a nuisance near a workshop, has been extended 50 feet.

CHAGFORD SEWERAGE.—To prevent sewage from continuing to run into a small stream passing through Cross Park, the outfall sewer has been extended about 140 feet.

HIGHAMPTON SEWERAGE.—The lower portion of the sewer having become defective, it has been re-laid with new stone-ware pipes to a length of 160 feet.

MELDON SEWERAGE.—The sewer which passes down the road below the village had become defective, and has been relaid with new 6-inch stoneware pipes—length about 200 feet. A new manhole has also been constructed.

NORTH TAWTON SEWERAGE.—The sewer at Essington having become damaged and partly choked, the defective parts have been relaid at greater depth. Length about 100 feet.

The Fore Street sewer, which has given trouble for years, has been opened and examined. It was found that it had a fall against the direction of flow. A length of 350 feet has been relaid, and a new manhole constructed.

VARIOUS.—At Sandypark the syphon pipe leading to stand-pipe was found to be defective. A new length of lead pipe has been inserted.

At Forder, in Throwleigh, a new iron pipe drain has been laid from the public pump across the road to carry off the waste water.

The public pumps at Broadwoodkelly and Iddesleigh have been repaired.

At the Hatherleigh water works the engine has been provided with new fittings to permit the use of better oil for fuel; and repairs have been carried out to the pumps.

Housing and Town Planning Act.

WORK DONE IN 1913.

Parish.	Number of Houses Inspected.	Unfit for Habitation.	Closing Orders Recommended.	Houses Repaired without Closing Orders.	Notices and Letters sent to Owners.
Bondleigh ..	13				4
Bratton Clovelly ..	1	1	1		
Bridestowe ..	10			5	4
Chagford ..	20			5	8
Drewsteignton ..	18			4	2
Gidleigh ..	2			1	1
Hatherleigh ..	8				6
Iddesleigh ..	1	1	1		
Inwardleigh ..	6			1	4
Meeth ..	15			5	8
Monkokehampton	4			2	1
Northlew ..	54	1	1	5	7
North Tawton ..	49			3	9
Okehampton ..	1			1	1
Total ..	202	3	3	32	55



TABLE I.
**Vital Statistics of Whole District during 1913 and previous years,
 OKEHAMPTON RURAL DISTRICT.**

YEAR.	Population estimated to Middle of each year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age		At all Ages.	
			Number.	Rate.					Number.	Rate per 1000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1908	13,300	244	Not available		187	14.0	Not available					
1909	13,400	293			207	15.4						
1910	13,500	257			189	14.0						
1911	13,601	258			189	13.9	6	7	24	93.0	190	13.9
1912	13,601	242	242	17.7	141	10.3	7	20	9	37.1	154	11.3
1913	13,601	242	248	18.2	192	14.1	7	19	25	100	204	15.0

Area of District in acres (land and inland water)

..

114,566

Total of Population of all ages

..

13,601

Number of Inhabited Houses

3,166

Average Number of Persons per house

4.3

At Census of 1911.

TABLE II.
Cases of Infectious Disease notified during the Year 1913.

NAME OF DISTRICT—OKEHAMPTON RURAL.																
NOTIFIABLE DISEASES.	NUMBER OF CASES NOTIFIED.						TOTAL CASES NOTIFIED IN EACH LOCALITY (<i>e.g.</i> Parish or Ward) of the District.									
	At all ages	At Ages.—Years.					1 Bratton Clovelly.	2 Chagford.	3 Hatherleigh.	4 Okehampton.	5 Tawton.	6	7	8 Total Cases removed to Hospital		
		Under 1	1 to 5	5 to 15	15 to 25	25 to 45									45 to 65	65 and upward
Diphtheria (including Membranous croup)	41	0	9	20	2	8	2	0	3	1	0	27	3	8	None.	
Erysipelas	5	0	1	0	0	2	1	1	1	5	0	0	0	4		
Scarlet fever	42	1	0	31	7	2	1	0	2	2	0	0	4	31		
Enteric fever	2	0	0	0	2	0	0	0	0	0	1	0	0	0		
Puerperal fever	1	0	0	0	0	1	0	0	0	0	1	9	0	0		
Pulmonary Tuberculosis	28	0	0	6	10	12	0	0	1	1	5	2	1	11		
Other forms of Tuberculosis	8	0	1	2	1	3	1	0	2	2	1	2		1		
Totals ..	127	11	59	22	28	5	1	14	6	39	13			55		

Isolation Hospital—None.

TABLE III.

Causes of, and Ages at, Death during Year 1913.

NAME OF DISTRICT—OKEHAMPTON RURAL.

CAUSES OF DEATH.		Nett Deaths at the subjoined ages of "Residents," whether occurring within or without the District (a).										Total Deaths whether of "Residents" or "non-Residents" in Institution in the District (b).
1		All ages	Under 1 year.	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	11	
All Causes	Certified (c) Uncertified	2 ..	3 23 2	4 9 0	5 2 0	6 10 0	7 9 0	8 29 0	9 41 0	10 77 2	11	
Enteric Fever	..	1	..	..	..	..	..	1	..	..	..
Scarlet Fever	..	1	..	..	..	..	1	..	..	..	..
Whooping Cough	..	3	1	2	..	..	..	..	..	..	..
Diphtheria and Croup	..	4	..	1	2	1	..	..	..	..	..
Influenza	..	1	..	1	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis)	..	25	1	..	..	2	6	11	5	..	2
Tuberculous Meningitis	..	4	..	1	..	3	..	..	..	..	..
Other Tuberculous Diseases	..	5	..	..	..	1	..	4	..	..	..
Cancer, malignant disease	..	13	..	..	..	..	..	1	6	6	..
Organic Heart disease	..	13	..	..	..	..	..	2	6	5	1
Bronchitis	..	14	1	1	..	..	..	1	2	9	..
Pneumonia (all forms)	..	8	2	..	..	..	..	..	4	2	..
Other diseases of Respiratory Organs	..	3	..	..	..	1	..	1	1	..	..
Diarrhoea and Enteritis (e)	..	2	1	1	..	..	..	..	..	..	..
Nephritis and Bright's Disease	..	6	..	..	..	..	1	1	1	3	..
Congenital Debility and Malformation, including Premature Birth.	..	13	13	..	..	..	..	..	..	..	..
Violent Deaths, excluding Suicide	..	5	1	..	..	..	1	1	1	1	..
Suicide	..	2	..	..	..	..	..	..	2	..	..
Other Defined Diseases	..	81	5	2	..	2	..	6	13	53	1	
Diseases ill-defined or unknown	..	..	..	..	..	..	..	..	..	..	..
		204	25	9	2	10	9	29	41	79	4	

For Notes see over.

TABLE IV.
INFANT MORTALITY.

1913, Net Deaths from Stated Causes at various Ages under One Year of Age.
OKEHAMPTON RURAL DISTRICT.

CAUSE OF DEATH.	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 Weeks	4 Weeks and under 3 Months	3 Months and under 6 Months	6 Months and under 9 Months	9 Months and under 12 Months	Total deaths under One Year.
	Week	Weeks	Weeks	Weeks	Weeks	Months	Months	Months	Months	Year.
All Causes { Certified Uncertified	....	....	....	....	....	....	....	....	....	....
Whooping Cough	..	..	..	..	..	..	1	..	..	1
Other Tuberculous Diseases	..	..	..	..	..	..	1	..	..	1
Convulsions	1	..	1	..	2	..	1	..	..	3
Bronchitis	..	..	..	..	..	..	1	..	..	1
Pneumonia (all forms)	..	..	..	..	..	1	1	..	..	2
Diarrhæa	..	..	..	..	..	..	1	..	..	1
Suffocation, overlying	..	..	..	..	..	..	1	..	..	1
Congenital Malformations (c)	..	..	..	..	..	..	..	1	..	1
Premature birth	6	..	1	..	8	..	..	..	..	8
Atrophy, Debility and Marasmus	2	1	..	..	2	..	2	1	..	5
Other Causes	..	..	..	..	1	..	..	..	..	1
Totals	9	2	2	..	13	1	9	2	..	25

Net Births in the year { legitimate ... 228 Net Deaths in the year of { legitimate infants ... 23.
illegitimate ... 20 20 illegitimate infants ... 2.
For Notes see opposite.

NOTES TO TABLE III.

- (a) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are to be *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner to be *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

The total deaths in column 2 of Table III. should equal the figures for the year in column 12 of Table I.

- (b) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are to be entered in the last column of Table III.
- (c) All deaths certified by registered Medical Practitioners and all Inquest cases are to be classed as "Certified;" all other deaths are to be regarded as "Uncertified."
- (d) Exclusive of "Tuberculous Meningitis" (10), but inclusive of Cerebro-Spinal Meningitis.
- (e) Title 19 should be used for deaths from Diarrhoea and Enteritis at all ages. (In the "Short List" deaths from Diarrhoea and Enteritis under 2 years are included under Title 19; those at 2 years and over being placed under Title 28.)
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NOTES TO TABLE IV.

- (a) The total in the last column of Table IV. should equal the total in column 10 of Table I, and in column 3 of Table III.
- (b) Under Abdominal Tuberculosis are to be included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.
- (c) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, should equal the total in Table III. under the heading Congenital Debility, and Malformation including Premature Birth.
- Want of Breast Milk should be included under Atrophy and Debility.
- (d) For references to the meaning of any other heading, *see* notes attached to Table III.
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In recording the facts under the various headings of Tables I., II., III. and IV., attention has been given to the notes on the Tables.

EDWARD H. YOUNG, M.D., D.P.H.,
Medical Officer of Health.

JANUARY 28TH, 1914.

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

1.—INSPECTIONS OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Notices. (3)	Prosecutions. (4).
Factories— Including Factory Laundries	2	0	0
Workshops— Including Workshop Laundries	17	0	0
Workplaces	0	0	0
Total ..	19	0	0

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of Cleanliness ..				
Want of ventilation ..				
Overcrowding ..				
Want of drainage of floors ..				
Other nuisances ..				
Sanitary accommo- dation { insufficient .. { uns'it'ble or def'ctive .. { not separate for sexes ..				
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of under- ground bakehouse (s. 101) ..				
Breach of special sanitary requirements for bake- houses (ss. 97 to 100) ..				
Other offences ..				
(Excluding offences relating to outwork which are in- cluded in Part 3 of this Report)				
Total ..				

* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

4.—REGISTERED WORKSHOPS.

Total number of Workshops on Register ... 15

(Signed) EDWARD H. YOUNG, M.D., D.P.H.,

Dated January 28th, 1913.

Medical Officer of Health.



